


UnitedHealthcare Senior Care Options in Massachusetts	610097	8500
UnitedHealthcare SignatureValue Commercial	610494	9999
UnitedHealthcareMedicareDirect Rx (PFFS)	610097	9999

Unitedhealthcare

Pharmacy help desk service contact information

 Hours of operation: 24 hours a day, 7 days a week, 365 days a year

For Member information regarding Benefit Plan **exclusions, disease therapy management (DTM) programs or other customer service issues**, please contact us using one of the following:

UnitedHealthcare Medicare Advantage Prescription Drug Plan (MA-PD):

- Telephone: **1-877-889-6510**
- Telephone Device for the Hearing Impaired (TDHI): **1-866-394-7218**

UnitedHealthcare Medicare Prescription Drug Plan (PDP):

- Telephone: **1-877-889-6481**
- Telephone Device for the Hearing Impaired (TDHI): **1-866-394-7218**

UnitedHealthcare Community Plan (Medicaid Programs):

- Telephone: **1-888-306-3243**
- Telephone Device for the Hearing Impaired (TDHI): **1-866-394-7218**

UnitedHealthcare Employer & Individual:

- Telephone: **1-800-788-7871**
- Telephone Device for the Hearing Impaired (TDHI): **1-800-498-5428**

Unitedhealthcare direct member reimbursement contact information

Carrier	UHCACIS01		UHCPRIM01	UHCUHC101
Platform	ACIS		PRIME	ACIS
Alt ID	Non-standard	Standard	Standard	Standard
Submitted group	UH+7 digit policy#	UHealth1	UHC	UHealth1
BIN	610279	610279	610279	610279
PCN	9999	9999	9999	9999
DMR mailing address	P.O. Box 29044 Hot Springs, AR 71903	P.O. Box 29044 Hot Springs, AR 71903	P.O. Box 29044 Hot Springs, AR 71903	P.O. Box 29044 Hot Springs, AR 71903

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Changes to this year's Medicare Part D Formulary, for the following Benefit Plans, will be posted on the websites listed below.

Please Note:

This list is not all-inclusive, but a sample only.

Plans	Websites
AARP MedicareComplete AARP MedicareRx Enhanced AARP MedicareRx Preferred	https://aarpmedicareplans.com/landing/medicare-advantage-plans.html?wtredirect=aarpmedicarecomplete.com&WT.mc_id=880341
Erickson Advantage	http://ericksonadvantage.com/
IBT (International Brotherhood of Teamsters)	http://teamstarpard.com/
Golden State Medicare Health Plan	http://goldenstatemhp.com/
PSERS (Pennsylvania Public School Educators' Retirement System)	http://hopbenefits.com/
Sierra MAPD Plan	http://sierrahealthandlife.com/
UnitedHealthcare Community Plan	http://uhccommunityplan.com/
Symphonix Health Plan	https://symphonixhealth.com/

Unitedhealthcare Sample Member ID Cards



Health Plan (80840)

911-87726-04

Member ID:

123456789

Group Number:

98765

Member:

EMPLOYEE SMITH

Dependents:

SPOUSE SMITH
CHILD1 SMITH
CHILD2 SMITH
CHILD3 SMITH

HMO

Payer ID 87726

Office: \$30

ER: \$100

UrgCare: \$20

DOI-0501

OPTUMRx

Rx Bin: 610279

Rx PCN: 9999

Rx Grp: UHEALTH

UnitedHealthcare Choice

Underwritten by [Appropriate Legal Entity]

Printed: 09/17/13

This card does not guarantee coverage. To verify benefits, view claims, or find a provider, visit the websites or call.

For Members:

www.myuhc.com

800-411-1143

Care24:

888-887-4114

Mental Health:

800-841-1978

For Providers:

www.unitedhealthcareonline.com

877-842-3210

Medical Claims:

877-842-3210

Pharmacy Claims: OptumRx PO Box 29044 Hot Springs, AR 71903

For Pharmacists: 888-290-5416

Vaccine and immunization administration

Commercial

When your pharmacy administers vaccines listed in the annual flu season communication for eligible commercial plan Members, reimbursement is based on an all-inclusive fee which encompasses the administration fee, ingredient cost and dispensing fee.

- UnitedHealthcare contracts for select vaccines and immunizations; not all Clients participate in the Administrator Vaccine Program.

Medicaid (UnitedHealthcare Community Plans)

- **Processing requirements when you provide and administer the vaccine**

When your pharmacy provides and also administers the vaccine, please populate the NCPDP field 438-E3 (Incentive amount submitted) field to submit for the \$10 administration fee and populate field 439-E4 (Reason for service code) with "MA."

- **Administration fee-only claims**

If the vaccine was obtained through special program such as Vaccines for Children, you may submit a Claim for just the administration fee by submitting the Claim as usual, including the administration fee and changing your U&C amount to \$0.01. You will be reimbursed \$10.01.

Medicare Part D

In order to be reimbursed the contracted administration fee of \$20 for Part D eligible vaccine products, the Network Pharmacy Provider must (i) submit the contracted fee in the incentive fee section of the Claim and (ii) submit a DUR/PPS Code Counter of "1" and Profession Service Code of Medication Administration (MA).

To participate in Administrator Vaccine and Immunization programs, please email pharmacycontracts@optum.com

Catamaran**Local Pick-up Program**

If the Network Pharmacy Provider participates in the Catamaran local pick-up program, Network Pharmacy Provider will be responsible for Drug Product fulfillment to eligible Members under Prescription benefit plans to be identified by Catamaran. Drug Product fulfillment is the dispensing of Prescriptions to eligible Members, including, but not limited to, the following specific activities: receiving bulk shipment of Prescriptions (excluding refrigerated items) already filled, labeled and packaged by one of Catamaran's licensed Network Pharmacy Providers; signing and returning to Catamaran the packing slip confirming receipt of the order; storing the Prescription orders in a designated location; handing Prescription orders to eligible Members or their authorized representatives who pick them up at the dispensing Network Pharmacy Provider; offering to counsel eligible Members about the Prescription orders being dispensed and having a licensed Pharmacist providing counseling to those who accept the offer to counsel; and maintaining any records required by law in connection with its services. This process may not be available in all states and may vary state-by-state in accordance with applicable state laws.

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Appendix I

Catamaran state-specific provider manual addenda

Medicaid: Federal/State Medicare-Medicaid enrollees (MME) regulatory requirements

Additional state-specific appendices set forth certain regulatory requirements that Network Pharmacy Providers shall comply with, as applicable. All additional state-specific appendices are detailed on **catamaranrx.com** (access to the portal will require proper credentials).

Commercial requirements

Additional state-specific exhibits set forth certain requirements that Network Pharmacy Providers shall comply with, as applicable. All additional state-specific exhibits are detailed on **catamaranrx.com** (access to the portal will require proper credentials).

Click on the appropriate link(s) to access state-specific regulatory requirements listed below:

1. Florida Regulatory Addendum
2. Georgia Regulatory Addendum
3. Hawaii Regulatory Addendum
4. Illinois Regulatory Addendum
5. Kentucky Regulatory Addendum
6. Maryland Regulatory Addendum
7. Massachusetts Regulatory Addendum
8. New Jersey Regulatory Addendum
9. New York Regulatory Addendum
10. New York Addendum to the Participating Provider Agreement
11. North Carolina Regulatory Addendum
12. Ohio Regulatory Addendum
13. South Carolina Regulatory Addendum
14. Texas Regulatory Addendum
15. Washington Regulatory Addendum

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1-877-309-5345 | optumrx.com

2300 Main Street, Irvine, CA 92614

OptumRx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. We are an Optum™ company — a leading provider of integrated health services. Learn more at optum.com.

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